Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED-PART I **SMALLENTITY** OR **SMALLENTITY** (Column 2) (Column 1) FOR **NUMBER FILED NUMBER EXTRA RATE FEE RATE** FEE **BASIC FEE** OR s 750 (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 =(37 CFR 1.16(c)) 20 OR x = 18 =**INDEPENDENT CLAIMS** minus 3 = == OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 0 0 OR TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 **TOTAL** 750 CLAIMS AS AMENDED - PART II **OTHER THAN SMALLENTITY** OR (Column 1) **SMALLENTITY** (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **NUMBER** PRESENT **RATE** TIONAL **RATE TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADDIT. FEE TOTAL OR (column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **NUMBER PRESENT RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE AMENDMENT** PAID FOR Total (37 CFR 1.16(c)) OR Minus OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (column 1) (Column 2) (Column 3) CLAIMS **HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE TIONAL AMENDMENT RATE** TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus x \$ OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

		CLAIMS AC	(Column	n 1) (Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		*		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 = *				X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	NT.			+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			TOTAL		OR	TOTAL	180	
CLAIMS AS AMENDED - PART II									4	OTHER	
		(Column 1)		(Column 2) HIGHEST		(Column 3)	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	(100)	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus -	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAIM	=	X42=		OR	X84=	
<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=	¥	OR	+280=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				crifit tales	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHĒ NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	140
AME	Independent	*	Minus	***	OL AUAC	=	X42=		OR	X84=	
	FINO I PHESE	INTATION OF MI	JLTIPLE DEPENDEN		CLAIM		+140=	-	OR	+280=	
							TOTAL	,		TOTAL	
	:	(Column 1)	-	(Colum	າກ 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	=4	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	, E
AME	Independent	*	Minus	***	1	=	X42=		OR	X84=	11
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		1140-				
	If the entry in colu	+140= TOTAL		OR	+280= TOTAL						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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